

May 19 2009 4:26PM HP LASERJET FAX

P. 1

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Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
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7590 05/18/2009  
**THE LAW OFFICES OF ROBERT J. EICHELBURG**  
 HODAFEL Building, Suite 200  
 196 Acton Road  
 Annapolis, MD 21403



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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Robert J. Eichelburg	(Depositor's name)
Robert J. Eichelburg	(Signature)
MAY 19, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,114	07/07/2003	Richard Levy	01064.0011-08-000	7674

TITLE OF INVENTION: LUBRICANT COMPOSITIONS AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	08/18/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS		05/20/2009 MGEBREM2 00000057 10614114		
GRAY, JILL M	1794	428-375000		01 FC:2501 02 FC:1504	755.00 OP 300.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert J. Eichelburg  
 2. The Law Offices of Robert J. Eichelburg  
 3. Robert J. Eichelburg

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Lee County Mosquito Control  
 District

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fort Myers, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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